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FAX TRANSMISSION

DATE: May 18, 2009

PTO IDENTIFIER: Application Number 10/790,640
Patent Number

Inventor: West et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: ROPES & GRAY LLP
Hannah Rhys Koyfman, Ph.D.
PHONE: (617) 951-7613
Attorney Dkt. #: 103080-P04-026

PAGES (including Cover Sheet): 22

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Request for Continued Examination Transmittal (1 page)
Amendment and Reply Accompanying Request for Continued Examination (17 pages)
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MAY 18 2009

PTO/SB/97 (09-04)

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Application No. (if known): 10/790,640

Attorney Docket No.: 103080-P04-026

Certificate of Transmission under 37 CFR 1.8

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on May 18, 2009
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Fee Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a)
(1 page)

Request for Continued Examination Transmittal (1 page)

Amendment and Reply Accompanying Request for Continued
Examination (17 pages)

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MAY 18 2009

PTO/SB/17 (10-06)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	1,920.00
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Complete if Known	
Application Number	10/790,640
Filing Date	March 1, 2004
First Named Inventor	Michael D. West
Examiner Name	V. E. Bertoglio
Art Unit	1632
Attorney Docket No.	103080-P04-026

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 18-1945		Deposit Account Name: Ropes & Gray LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
52	26
220	110
390	195

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
29	- 105 or 100 -	x	=	Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
7	- 14 or HP	x	=

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	Fees Paid (\$)

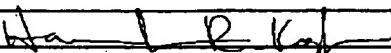
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month
1801 Request for continued examination (RCE) (see 37 ...)

1,110.00
810.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	62,912	Telephone	(617) 951-7613
Name (Print/Type)	Hannah Rhys Koyfman, Ph.D.		Date	May 18, 2009	

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